U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Rices Use Only	
- CHIS DROP	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3250		2. Fiscal Year Covered From:
<i>50</i> . •		1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Name Mary	Mahoney	Name OPEIU, Local 6, AFL-CIO
		Labor Organization File Number 025360
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any Suite 200
Street 44 Pleasant Street		Street 1 Billings Road
City Stoneham		City North Quincy
State Massachusetts	ZIP Code + 4 02181	State Massachusetts ZIP Code + 4 02171
5. Position in labor organization.	sident & Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	i .
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed May Mahoney

On 6/30/05 (6/7) 984-0006
Telephone Number

Name of Person Filing Mary Mahoney	File Number 0- 32 90		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	o. employe.		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		